

United States Government

Department of Energy

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memorandum

Albuquerque Operations Office

DATE: NOV 21 1997  
REPLY TO  
ATTN OF: OMD  
SUBJECT: Response to Secretary of Energy Peña's Memorandum on the Lessons Learned from the Hanford Incident  
TO: John J. Nettles Jr., Director, Office of Emergency Management, NN-60, HQ

This memorandum is in response to the memorandum dated August 27, 1997, Subject, "Lessons Learned from the Emergency Response to the May 14, 1997 Explosion at Hanford's Plutonium Reclamation Facility," as directed by Secretary of Energy Federico Peña. Another memorandum dated September 17, 1997, Subject "Albuquerque Operations Office Implementation Instructions Concerning Recent Emergency Management Direction from DOE/HQ," was addressed to all AL Area Offices and applicable AL organizations. Area Offices were requested to respond to the Secretary of Energy Peña's initiatives. The attachment provides detailed information from each AL site for action items detailed below.

*Protective Treatment of Personnel (Action Item #3) "Emergency Procedures must provide for timely medical attention to injured or potentially exposed personnel and policy and procedures must exist for the care and continued monitoring of affected personnel for an appropriate period after accidents. Review of such policy and procedures, with participation by local medical authorities and workers, will begin immediately and be completed within 90 days."*

AL has reviewed the documentation provided by each site and has determined procedures exist at our facilities to ensure prompt medical attention is available to protect personnel.

*Hazards Information (Action Item #4) "Procedures must be in place to provide local medical facilities with available information on chemical and radiological hazards, as well as qualitative and quantitative exposure information for individuals in the event of an accident. Review and development of these procedures, in coordination with local medical facilities, will begin immediately and will be completed within 90 days. Realistic exercises will be conducted and will include and confirm the ability of DOE contractors to provide local medical facilities with adequate information for a variety of potential accidents to effectively diagnose and treat injured, exposed, or potentially exposed workers."*



**NOV 21 1997**

**John J. Nettles**

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**AL has reviewed the site submissions addressing hazards information (Action Item #4) and has determined that AL sites are in compliance.**

**If you have any questions or require additional information, please contact George B. Carroll at (505) 845-5555 or Woody Simpson at (505) 845-6441.**



**Larry D. Kirkman  
Deputy Assistant Manager for  
Technical Management and Operations**

**Attachment**

**cc w/attachment:**

**J. Maisonet, DP-23, HQ**

**P. Higgins, OMD, AL**

**G. Carroll, EMB/OMD, AL**

**W. Simpson, EMB/OMD, AL**

**G. Runkle, OSHD, AL**

**A. Griego, OSHD, AL**

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***Protective Treatment of Personnel (Action Item #3) "Emergency procedures must provide for timely medical attention to injured or potentially exposed personnel and policy and procedures must exist for the care and continued monitoring of affected personnel for an appropriate period after accidents. Review of such policy and procedures, with participation by local medical authorities and workers, will begin immediately and be completed within 90 days."***

**Pantex Plant, Amarillo Area Office (AAO)**

The Pantex Fire Department is responsible for the operation of three on-site ambulances licensed with the State of Texas. The local DOE authority, AAO, has a Memorandum of Understanding with the Panhandle Emergency Medical Services System (PEMSS) to provide for additional medical support and ambulances in the event of a mass casualty incident. PEMSS also operates a helicopter that is available on call, when requested by Pantex Plant. Normal Fire Department staffing consists of 2 Officers, 8 Firefighters, and 3 Paramedics. All department personnel are trained to the minimum level of Emergency Medical Technician (EMT) through the State of Texas Department of Health. EMTs provide for Basic Life Support (BLS) to on and off-site personnel. Paramedics provide Advanced Life Support (ALS). Fire Department Officers (14) carry off-site digital pagers and cellular phones that are used in the event of a recall or emergency notification. 6 of the 14 Officers are also State Certified Paramedics.

Pantex also has an on-site Occupational Medical Department, staffed by a Medical Director, 2 staff physicians, a certified nurse practitioner, a Director of Nursing, 5 staff nurses, 2 clinical psychologists, 2 Laboratory/X-ray technicians, 4 medical records technicians, and a medical administrator. All of the clinical personnel have been trained at the REAC/TS course in Oak Ridge, TN. The medical director has a masters degree in the biological effects of radiation. All clinical personnel are certified in Advanced Cardiac Life Support by the American Red Cross. All 3 physicians are experienced in Emergency Medicine. The medical director is board-certified in Occupational Medicine and trained in clinical toxicology.

Medical treatment facilities located inside the same building include showers for ambulatory patients and a decontamination facility for more seriously wounded patients. Pantex stocks the facility with chelation agents necessary to treat internal plutonium or uranium contamination. A command station is available to monitor radio and telephone traffic.

Under an Inter-Departmental Agreement between the DOE and Veteran's Affairs (VA), DOE constructed an off-site Emergency Radiation Treatment Facility (ERTF) in the Amarillo VA Medical Facility in 1991. The facility is dedicated to Pantex in the event of a radiological emergency on the Plant in which there are sufficient numbers of patients that the on-site Central Health Facility (CHF) cannot handle, or the patient's injuries are severe enough that the patient needs immediate care not available on-site. The ERTF is staffed by Amarillo VA Medical Center doctors and nurses and Pantex Radiological Assistance Team

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(RAT) radiation monitors. It contains a dress-out and shower area for processing VA medical staff into and out of the facility, an inside patient transfer area for transferring patients from the ambulance team to the VA ERTF team, a decontamination facility with 4 patient decontamination stations, 2 state-of-the-art surgical suites, a post-surgery recovery area, nurses station, and a RAT communications room. Decontamination run-off is trapped and disposed of as Pantex waste. The facility is equipped with HEPA filters on the exhaust air system, and has differing atmospheric pressures within the facility to ensure that air flow is always towards the decontamination room. Both VA medical personnel and Pantex RAT personnel exercise the facility and their respective teams in an annual drill. This annual drill is currently being evaluated for the possibility of increasing to a bi-annual schedule. It is agreed that it would be good to increase the frequency, but the decision will be driven by the availability of assets.

Bi-annually, Pantex Emergency Management sponsors REAC/TS personnel to Amarillo to present a seminar on the treatment and handling of contaminated patients. The seminar is open to the Amarillo Area Office, Pantex Emergency Management, Fire Department, Fire Department, Occupational Medicine, Radiation Safety, and RAT, as well as appropriate emergency response organizations in the local communities around Pantex. This seminar is a major contributor to the prevalent, and well-understood standard among Pantexans that injury or trauma conditions requiring medical treatment always has priority over radiological contamination issues.

**Allied-Signal, FM&T, Kansas City Division, Kansas City Area Office (KCAO)**

The Kansas City Plant has an on-site medical department that provides medical service to all associates. The medical staff consists of ten associates; one physician, four nurses, including an Occupational Health Nurse Manager, a Medical Laboratory Technologist, a part-time Medical Records Specialist, and three administrative support personnel. Three of the nurses are certified in Occupational Health Nursing. Medical services are provided for all three shifts with on-site coverage by nurses from 4:30 a.m. to 9:30 p.m. The physician is on-site from 6:30 a.m. to 3:00 p.m. and is available by phone during off-shifts and weekends. In addition, the plant's protective force personnel who provide twenty-four hour coverage, are trained in cardiopulmonary resuscitation and American Red Cross First Aid. For emergencies on off-shift and weekends, the local ambulance service, Metropolitan Ambulance Service Trust (MAST) is used.

The medical department provides programs for the prevention and treatment of occupational diseases and injuries in the workplace, wellness and health promotion, limited primary care services for non-occupational injuries and illnesses, and emergency response.

In the event of an emergency, the medical department is equipped with oxygen, cardiac defibrillator, emergency cardiac and respiratory care drugs, laryngoscope and endotracheal tubes, Gomco suction, intravenous fluids, and electrocardiograph machines. In addition, mobile equipment is available, including one street ambulance and three in-plant ambulances.

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Coordination with local medical services is through the Kansas City Area Hospital Association which consists of thirty-three area hospitals and includes the ambulance services called the Metropolitan Ambulance Service Trust. The ambulance service coordinates the transport of the injured to area hospitals.

The local ambulance service and fire departments regularly participate in exercises to test the emergency management system. Information about KCP's Hazard Assessment is shared annually with both groups.

In the event of an injury where an exposure exists, depending on the level of the injury, the injured associate may be decontaminated prior to receiving medical care. The medical department representative communicates information regarding chemical/radiological hazards and exposure to ambulance personnel at time of transfer. Procedures are in place for transporting a contaminated associate and are documented in the KCP Emergency Plan.

Injured associates are tracked by the medical department for follow-up evaluation and treatment on a case by case basis by recognized standards of care. Stress debriefings can be provided on-site through the Employee Assistance Program (EAP). Contact is made to the EAP by the Medical Director or a medical representative.

The KCAO and Allied/Signal Corporate perform periodic audits of Medical Care Services. Drills and full-participation exercises are conducted to test the emergency management system.

### **Allied-Signal, Federal Manufacturing & Technologies(FM&T)/New Mexico**

Arrangements are in-place for off-site emergency medical services to respond to medical emergencies at any time around the clock at FM&T/NM facilities. These services are activated through a 9112 call from all locations. For facilities on Kirtland AFB, the 911 call activates the emergency medical service that is under contract with Sandia National Laboratory between 7:00 a.m. and 4:00 p.m.. During off-hours, all 911 calls activate the emergency medical service from the nearest off-base hospital.

Approximately 95% of FM&T/NM associates work at facilities that are within a 10 minute response time for emergency medical services. The remaining 5% of the population work at sites that may take up to 30 minutes before emergency medical services arrive. However, those sites have persons trained and certified in CPR and American red Cross First Aid with the intent to provide temporary assistance until professional emergency medical services can arrive.

In the event of an injury where a chemical exposure exists, decontamination prior to receiving medical care is not warranted due to types and quantities of chemicals stored and used on-site as noted in the FM&T/NM Hazard survey. An ES&H department

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representative communicates information regarding chemical hazards and exposure to ambulance personnel at time of transfer.

A physician on contract with FM&T/NM is available from 8:00 a.m. to 5:00 p.m. weekdays for medical services not requiring immediate attention or ambulance transport and for ongoing monitoring and treatment of injured or exposed associates. The contract physician is directed by the written terms of the contract to recognize, diagnose, treat, and monitor occupational illnesses and injuries, provide guidance on written clearances for associates to return to work after an injury or illness, provide guidance on restricted or limited duty status, and notify FM&T/NM when unhealthy work situations are detected.

Injured associates are tracked by the ES&H department for follow-up evaluation and treatment on a case by case basis by recognized standards of care. Stress debriefings can be provided on-site through the Employee Assistance Program.

The FM&T/NM Kansas City Medical Director oversees the FM&T/NM Occupational Medical Program. Drills and functional exercises are conducted to test the emergency management system.

**Waste Isolation Pilot Plant (WIPP), Carlsbad Area Office (CAO)**

The WIPP maintains procedures that provide for timely medical attention to injured or potentially exposed personnel. Policies and procedures exist for the care and continued monitoring of affected personnel for an appropriate period of time after potential accidents. Review of policies and procedures, with participation by local medical authorities and workers, have been performed.

**On-site Medical services:** WIPP has a number of medical service resources available on-site. These include a basic life support ambulance service available 24 hours a day, 7 days a week as well as an underground ambulance for use during the hours that a mine is in operation. Staffing for the ambulance service is provided by Emergency Medical Technicians (EMTs) licensed at intermediate level with additional skills certification in intravenous fluids, and defibrillation. Support staffing is provided by the fire brigade consisting of EMT-intermediates and EMTs licensed at basic levels.

A fully-equipped first aid and trauma station is located on-site, with staffing including a Certified Occupational Health Nurse, a registered nurse with emergency expertise, and a wellness coordinator in addition to supplemental staffing by a cadre of experienced nurses. The nurses are Advanced Cardiac Life Support (ACLS) certified and provide ACLS care as needed for the on-site ambulance service as well as coordinating the follow-up medical surveillance through the WIPP monitored care program.

Volunteer response teams provide first aid services, and additional licensed medical expertise as needed during an emergency. These teams include the mine rescue teams

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required by 30 CFR Part 49, the surface emergency response team, and the underground first-line initial response team.

**Off-site Medical services:** Coordination of off-site medical services is accomplished through Memoranda of Understanding (MOU) with the appropriate medical facilities. MOUs with the City of Carlsbad and City of Hobbs provide ambulance service, as needed. MOUs with hospitals in Carlsbad and Hobbs not only provide medical treatment, but specific treatment and decontamination for contaminated injured personnel.

**Provision of Chemical/Radiological Hazard and Exposure Information:** WIPP procedures provide for site expertise to accompany the ambulance to the hospital to provide appropriate information as necessary to ensure appropriate and timely medical attention for potentially exposed personnel. For TRU-Waste and TRU Mixed Waste exposures, a Radiation Control Technician with appropriate monitoring instruments will accompany the ambulance. Appropriate monitoring equipment has been provided to the hospitals through stipulated agreements. For chemical exposures, the Industrial Hygienist will supply information, as needed.

**Continued Medical Surveillance:** Follow-up medical surveillance requirements are developed and implemented by the site's Medical Director and coordinated with First Aid station nursing staff. This is accomplished on an individual basis in compliance with regulatory requirements and industry standards as part of the return to work and monitored care programs

**Reviews:** The contaminated injured patient protocol was developed and reviewed with final signature acceptance by the Medical director in April 1997. On July 23, 1997 an exercise was conducted in conjunction with the Carlsbad hospital which implemented that protocol and emergency response procedures. The exercise was evaluated by CAO, DOE/AL, Westinghouse, and physicians and staff at the Carlsbad hospital.

### **MACTEC-ERS, Grand Junction Office (GJO)**

Emergency procedures for medical response for the Monticello Projects are addressed in Section 12 of MAC-MRAP, *Monticello Projects Health and Safety Plan*. Memorandums of understanding (MOUs) were signed within the past 90 days (August 1997) with the local hospital, Fire Department, and Sheriff's Office to provide appropriate medical attention. One MOU establishes that on-site emergency medical services will be provided by the local fire department for all injured or ill employees, contractors, subcontractors, and others associated with the Monticello Projects work. A second MOU establishes that the San Juan County Hospital will provide medical treatment to any injured or ill Monticello Projects person transported to it. Emergency medical response for other projects is covered in the appropriate health and safety plan. The Facility Operations and Support Contractor has the responsibility for establishing the appropriate and timely medical response for personnel at the GJO site.

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**Sandia National Laboratory/NM (SNL) Kirtland Area Office (KAO)**

SNL provides timely medical attention to injured/exposed personnel 24 hours a day, throughout the year. Any 911 emergency call rings simultaneously at the SNL Medical Facility and the SNL Emergency Operations Center (EOC). SNL provides ambulance service during regular work hours while after-hours response is provided under contract with Albuquerque Ambulance. Kirtland Air Force Base (KAFB) provides Emergency Medical Technicians (EMTs) 24 hours a day throughout the year. SNL operates a occupational medical clinic that is staffed with professionals capable of responding to normal, non-serious injuries/exposures commonly expected to occur within SNL facilities.

A Medical Emergency Response Team (MERT) composed of SNL medical specialists is available to provide on-scene assistance during normal work hours. Additional SNL medical staff is available to respond to the scene, if requested by the MERT. The MERT holds monthly Quality Assurance (QA) sessions to review all ambulance responses.

SNL has both a medical program manual and a medical procedures manual for patient care that includes emergency response plans and procedures. Both manuals are reviewed annually and updated as needed. Manuals are provided as hard copy binders and on an internal web for medical staff reference. Initial staff training and drills/exercises are used to practice procedures and evaluate program content. An SNL medical team is tasked to survey/monitor patient status based on the severity of injury/exposure.

All on-site personnel are provided emergency support. SNL provides non-serious emergency medical care and treatment to all SNL employees, subcontractors, and visitors. The SNL medical clinic has basic emergency equipment that includes treatment rooms, x-ray equipment, cardiac monitoring equipment, analytical lab and decontamination area. Serious injuries/exposures are transported to local hospitals for treatment and care where more appropriate care and treatment can be given. The SNL ambulance is outfitted and stocked according to State of New Mexico requirements.

Additional off-site medical services are arranged by MOUs and participation in monthly meetings with external providers which include: city and county ambulance, fire and hospital organizations plus the host base or Department of Defense (DoD) organization. Coordination with off-site support services is performed by SNL medical during an emergency. SNL medical performs coordination of off-site medical activities regardless of incident size.

Both SNL and city ambulances have treatment logs that identify the origin/nature of the injury/exposure which are transported with the patient and provided to the clinic/hospital point of contact (POC). While the patient is in transport, SNL medical telephones the receiving hospital to inform them of the impending patient arrival and known medical facts. Short-term patient care is provided by the clinic/hospital. Long-term surveillance and monitoring is provided by SNL's Return-To-Work Program as described in the aforementioned program manual. The SNL medical staff develops and implements actions



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based on the nature and extent of the injury/exposure. Emergency medical practices are reviewed and coordinated with off-site organizations through monthly Alliance meetings, QA meetings, USAF Fire Department meetings, and Medical Control Board meetings.

### **Los Alamos National Laboratory (LANL), Los Alamos Area Office (LAAO)**

LANL has an Occupational Medical Group that is staffed by medical physicians, physician's assistants, and certified nurses. These health professionals are members of the Emergency Response Organization. Injured are taken to the LANL medical clinic or to the local hospital. Depending on the nature of the injury, medical personnel may accompany the injured to the hospital in an advisory capacity. A very good working relationship exists between the LANL clinic and the Los Alamos Hospital. It is regularly exercised and has proven that it works well.

The recent LANL full-participation exercise conducted in August 1997 involved numerous contaminated injured, some attended by the LANL clinic and some by the hospital. Medical personnel from the clinic assisted at the hospital. The exercise report stated that the communications and interface between the two medical facilities was very effective. The local hospital participates in the development of exercise scenarios and has been involved in nearly all LANL exercises in addition to their own drills.

First Responder training is the minimum training presented to the initial response force. Most members have significantly more training than the minimum. This training is kept current and exercised regularly. Refresher training is conducted regularly to ensure that responders are properly trained to respond safely and effectively.

### **Transportation Safeguards Division (TSD), AL**

TSD emergency procedures provide for the coordination with responding law enforcement, fire, and medical organizations with the emphasis on life saving and care for the injured. Procedures for notification, documentation, and care in preventing the spread of possible contamination are also addressed.

*Hazards Information (Action Item # 4) "Procedures must be place to provide local medical facilities with available information on chemical and radiological hazards, as well as timely qualitative and quantitative exposure information for individuals in the event of an accident. Review and development of these procedures, in coordination with local medical facilities, will begin immediately and will be completed within 90 days. Realistic exercises will be conducted and will include and confirm the ability of DOE contractors to provide local medical facilities with adequate information for a variety of potential accidents to effectively diagnose and treat injured, exposed, or potentially exposed workers."*

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**Pantex Plant, Amarillo Area Office (AAO)**

Procedures are in place to provide local medical facilities with available information on chemical and radiological hazards, as well as timely qualitative and quantitative exposure information for individuals exposed in the event of an accident. In addition to the Occupational Medical Department that is located on-site, Pantex has cooperative agreements in place with all the local medical facilities, including the Veteran's Administration Hospital located in Amarillo, TX. A schedule of exercises is established and conducted on a regular basis to test and evaluate the effectiveness of these agreements. The federally-mandated SARA Title III report for hazardous chemicals on hand at Pantex and for the Toxic Release Inventory is distributed to the State of Texas Department of Public Health, the Local Emergency Planning Commissions (LEPCs) for the three counties closest to Pantex, and to the local Fire Department. All other chemical data as to type and quantity are available to any Federal, State, or local official or health personnel upon request.

The Fire Department is staffed 24 hours a day, 365 days a year by Texas State Certified Firefighters who meet the requirements of 29 CFR, 1910.120. All response personnel are trained on building-specific hazards and fire apparatus carry pre-fire plans outlining hazards that may be encountered in a facility. In addition, the Fire Department has computer access that allows the On-Scene Commander to identify any hazard associated with a chemical stored in the facility of occurrence.

**Allied-Signal, FM&T, Kansas City Division, Kansas City Area Office (KCAO)**

The Hazard Assessment documents that there are no unique hazards at AS/FM&T. The hazards present at FM&T are common industrial hazards experienced by a variety of other industrial sites in the Kansas City area.

The Kansas City Plant is located in a metropolitan area close to five large medical centers. These medical centers are equipped to decontaminate and treat both chemical and radiological patient treatment capabilities of the Kansas City area hospitals.

The Emergency Plan documents how the interface between FM&T medical personnel and off-site medical personnel will occur. On-site personnel will decontaminate injured personnel before transporting them to off-site medical facilities. An exception to this process would be if the injured has life-threatening injuries. In any case, life-threatening or not, on-site medical personnel will inform the off-site medical care provider with exposure data during the transferring of injured personnel.

Based on the common industrial hazards of FM&T and the decontamination and treatment capabilities of the numerous medical facilities located nearby, the information needed is the specific information on each case as the patient is transferred to the medical care provider.

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**Allied-Signal, Federal Manufacturing & Technologies (FM&T)/New Mexico**

The FM&T/NM Hazard survey shows that the types and quantities of hazardous chemicals are insufficient to pose any hazards unique from any other industrial site in the area. All chemicals are commercially available and are predominantly stored and used in quantities less than 5 gallons with a few exceptions. In those limited cases, the storage and use does not exceed 55 gallons. There are no physical hazards such as trips, falls, electrical shock, cuts, or abrasions that are not common to other industrial facilities in the area that local hospitals are already equipped to treat.

FM&T/NM facilities are close to major medical centers. These medical centers are equipped to perform secondary decontamination and treat both chemical and radiological patients. The FM&T/NM Emergency Action Plan includes hospital emergency room phone numbers.

Based on the common industrial hazards of FM&T/NM and the decontamination and treatment capabilities of the nearby medical facilities, the only information the emergency medical providers need is data specific to the patient being transported to the emergency medical care provider.

The Emergency Plan documents how the interface will occur between FM&T personnel and the emergency care provider and explains what chemical hazard and exposure information that needs to be provided when an exposed associate is being transferred for emergency medical care. No shortfalls are identified.

**Waste Isolation Pilot Plant (WIPP), Carlsbad Area Office (CAO)**

The WIPP contains procedures in place to provide local medical facilities with available information on chemical and radiological hazards, as well as timely qualitative and quantitative exposure information for individuals in the event of an accident. Review and development of these procedures, in conjunction with local medical facilities has been performed.

WIPP has completed a thorough hazards survey and hazards assessment which identified potential chemical and radiological hazards. The site emergency plan, including the site assessment as an attachment, is provided to local medical facilities in Carlsbad and Hobbs as a controlled document. In addition, monthly local emergency planning committee meetings are held with representatives from the local medical facilities and WIPP in attendance to discuss area hazards.

Specially trained personnel are available on-call 24 hours a day to monitor, sample, evaluate, and calculate qualitative and quantitative exposure information in accordance with applicable procedures. WIPP procedures provide for site expertise to accompany the ambulance to the hospital to provide appropriate information as necessary to ensure appropriate and timely medical attention for potentially-exposed personnel. For TRU-

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waste and TRU-mixed waste exposures, a radiation control technician with appropriate monitoring instruments will accompany the ambulance. (Appropriate monitoring equipment has been provided to the hospitals through stipulated agreements. For chemical exposures, the industrial hygienist will supply information, as necessary.

On July 23, 1997, an exercise was conducted in conjunction with the Carlsbad hospital which implemented the emergency response procedures. The exercise and implementing procedures were evaluated by CAO, DOE/AL, Westinghouse, and physicians and staff at the Carlsbad hospital.

### **MACTEC-ERS, Grand Junction Office (GJO)**

The procedures for providing information to local medical facilities for the Monticello Projects are addressed in Section 12 of MAC-MRAP 1.3.4, *Monticello Projects Health and Safety Plan*. In summary, the project emergency response team evaluates the extent of the emergency and informs the responding local support functions appropriately.

Memorandums of Understanding (MOUs) were signed within the past 90 days (August 1997) with the local hospital, fire department, and sheriff's department to provide appropriate medical attention. One MOU establishes that on-site emergency medical services will be provided by a local fire department for all injured or ill employees, contractors, subcontractors, and others associated with the Monticello Projects work. A second MOU establishes that the San Juan County Hospital will provide medical treatment to any injured or ill Monticello Projects person transported to it. The MOUs require that awareness-level safety training and exercises be provided to the local emergency response functions on the properties of radioactive materials and other hazardous substances located at the Monticello Projects sites. Training will be provided on procedures used at the sites for emergency response and equipment and personnel decontamination. The Facility Operations and Support contractor has responsibility for establishing the appropriate procedures for the GJO site.

### **Sandia National Laboratories/NM (SNL), Kirtland Area Office (KAO)**

Hazard Assessment Documents (HADs) are currently in place at SNL that identify hazards. All organizations, including SNL Medical department, have access to HADs. Qualified medical personnel are available to give qualitative and quantitative exposure information to both on-site and off-site medical staff. SNL medical staff are responders that care to victims and interface with other emergency response personnel and medical facilities. Emergency Medical Technicians (EMTs) and ambulance response is available 24 hours a day, every day from either SNL during normal work hours and contract service after normal work hours and holidays.

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**Los Alamos National Laboratory (LANL), Los Alamos Area Office (LAAO)**

Procedures are in place to provide local medical with information on hazards at LANL. In addition, to identifying the hazardous materials involved in an incident to the local hospital staff, LANL technical staff (HPs, HIs, technicians) assist the local hospitals in the care and treatment of the victims, to include decontamination and wound counting. A review and development with local authorities has been accomplished. These procedures have been in place for a long time and proven effective on numerous occasions during actual emergencies and in drills and exercises. A good working relationship exists between Los Alamos Medical Center and LANL.

LANL continually reviews the criteria for declaring and reporting of emergencies. During October 1997, DOE/HQ, NN-60, Office of Emergency Management visited LANL and reviewed the Emergency Action Levels that are documented. No significant issues were identified. Comments have been solicited from local, Federal, State, and Tribal agencies on the notification process. LANL reviewed all notification procedures and phone/fax numbers are verified twice each year. Lists are updated immediately when changes are required. Regular contact with emergency response organizations of the agencies occur and issues/concerns are addressed.

**Transportation Safeguards Division (TSD), AL**

Implementation of a new Initial Recommended Protective Action (IRPA) plan introduced during participation in Exercise DIGIT PACE. This was accomplished in May 1997. The plan provides first responders and law enforcement agencies with a brief set of actions and recommendations formulated to protect the health and safety of workers and the public in response to a TSD emergency. These protective actions guides have been reviewed and approved from ES&H representatives from Lawrence Livermore National Laboratory, Los Alamos National Laboratory, DOE/AL Radiological Assistance Program, and the DOE/AL Accident Response Group. No programmatic issues have been identified.